



Announced Finance Inspection

Name of Establishment:	Kings Castle
Establishment ID No:	1259
Date of Inspection:	15 September 2014
Inspector's Name:	Briege Ferris
Inspection No:	018047

The Regulation And Quality Improvement Authority
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

1.0 General Information

Name of Home:	Kings Castle
Address:	Kildare Street Ardglass BT30 7TR
Telephone Number:	02844842065
E mail Address:	kingscastlenh@aol.com
Registered Organisation/ Registered Provider:	Messana Investments Ltd
Registered Manager:	James Henry Murphy
Person in Charge of the Home at the Time of Inspection:	Karen Minnis
Number of Registered Places:	40
Number of Service Users Accommodated on Day of Inspection:	40
Date and Time of Inspection:	15 September 2014 09.55 – 13.30
Name of Finance Inspector:	Briege Ferris

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes.

3.0 Purpose of the Inspection

This is a report of an announced finance inspection to assess the quality of services being provided. The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure compliance with regulations and standards, but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the provision of nursing homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Homes Minimum Standards (2008)

Other published standards which guide best practice may also be referenced during the Inspection process.

4.0 Methods/Process

Committed to a culture of learning, the RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts; self-assessment (including completion of self declaration), pre-inspection analysis and the inspection visit by the inspector.

Specific methods/processes used in this inspection include the following:

- Analysis of pre-inspection information
- Discussion with the registered manager and other members of staff
- Examination of records
- File audit
- Evaluation and feedback

Any other information received by RQIA about this Registered Provider has also been considered by the Inspector in preparing for this inspection.

5.0 Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous finance inspection (if any) and to establish the level of compliance achieved with respect to the following theme and associated statements:

Inspection Theme: Service users' finances and property are appropriately managed and safeguarded

Statement 1: The home maintains complete and up to date records in respect of the terms and conditions of the provision of personal care

Statement 2: Arrangements for receiving and spending service users' monies on their behalf are transparent, have been authorised and the appropriate records are maintained

Statement 3: A safe place is provided within the home premises for the storage of money and valuables deposited for safekeeping; clear, up to date and accurate records are maintained

Statement 4: Arrangements for providing transport services are transparent and agreed in writing with the service user/their representative

The registered provider and the inspector have rated the home's compliance level against each criterion.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance statements		
Guidance - Compliance statements	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report.
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report.
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report.
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report.
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report.
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

6.0 Profile of Service

Kings Castle Private Nursing Home is an attractive converted 16th Century castle set in a prominent two acre site overlooking Ardglass harbour, with the bay on one side and the County Down countryside on the other.

The home was converted and opened by Mrs V Ward in 1990, with an extension of six single rooms in 2008. There are ample car parking facilities. The main entrance is at the front of the home and there is also an entrance to the side which is frequently used by staff and visitors.

There is one large lounge area and a lounge adjoining the dining area.

7.0 Summary of Inspection

Statement 1: The home maintains complete and up to date records in respect of the terms and conditions of the provision of accommodation and personal care

The home provides an individual agreement to each service user admitted to the home; however, the agreement in use by the home at the time of inspection did not fully reflect the requirements of Regulation 5 of the Nursing Homes Regulations (NI) 2005 or DHSSPS Nursing Homes Minimum Standard 4.2.

There was evidence that service users/their representatives had been informed in writing of any changes to the fees payable by or on behalf of the service users.

The home has achieved a compliance level of 'moving towards compliance' for this theme.

Statement 2: Arrangements for receiving and spending service users' monies on their behalf are transparent, agreed to and the appropriate records are maintained

The inspector reviewed the records relating to amounts charged to service users contributing to their fees and was satisfied that the correct amounts were being charged by the home. The home receives monies from service users' representatives to be spent by the home on the service users' behalf.

On the day of inspection, the home did not have written authorisations in place detailing how service users' money could be spent by the home on the service users' behalf.

Records detailing income and expenditure were up to date, had sufficient detail and were signed by two persons. The inspector noted that there were no records to indicate that reconciliations of cash deposited for safekeeping was carried out and recorded.

The home has achieved a compliance level of 'moving towards compliance' for this theme.

Statement 3: A safe place is provided within the home for the storage of money and valuables deposited for safekeeping; clear, up to date and accurate records are maintained

The home has a safe place within the home to enable service users to deposit cash or valuables for safekeeping. The home maintains a record of cash deposited and used on behalf of service users. The inspector noted that there was no safe book in place in order to record the deposit of non-cash items should the need arise.

The inspector noted that the "finance" policy provided on the day of inspection did not address the recording of service users' inventory and the need to update this record over time. The inspector noted that the policy should be expanded to include the above and that the relevant staff should be made aware of the procedure to follow.

The home has achieved a compliance level of 'substantially compliant' for this theme.

Statement 4: Arrangements for providing transport to service users are transparent and are agreed in writing with the service user/their representative

At the time of inspection, the home did not provide a transport service to service users. The home has arrangements in place to support service users to avail of other means of transport.

The home has achieved a compliance level of 'not applicable' for this theme.

Statement 1

The home maintains complete and up to date records in respect of the terms and conditions of the provision of accommodation and personal care:

Criteria Assessed:

- The home provides to each service user a written guide, including a personalised written agreement detailing the specific terms and conditions in respect of any specified service to be delivered, including the amount and method of payment of any charges to the service user;
- The individual agreement details all charges payable by the service user to the home, the services to be delivered in respect of these charges and the method of payment;
- Where the home is involved in supporting a service user with their finances or undertaking financial transactions on the service user's behalf, the arrangements and records to be kept are specified in the service user's individual agreement;
- The home has a policy and procedure in place to detail the arrangements where support is provided by home staff to enable the service users to manage their finances and property;
- The home notifies each service user in writing, of any increase in the charges payable by the service user at least 4 weeks in advance of the increase and the arrangements for these written notifications are included in each service user's agreement.

COMPLIANCE LEVEL**Provider's Self-Assessment:**

A contract is provided to the service user detailing terms and conditions which includes amount and method of payment of any charges. The nursing home is not involved in supporting any service user with their fianance, this role is undertaken by the Next of Kin or Power of Attorney. The Home notifies in writing the service user of any increase in payments, this information is also included in the service users contracts.

Compliant

Inspection Findings:	
<p>The inspector met with the home's administrator and assistant administrator on the day of inspection.</p> <p>The inspector discussed the individual financial circumstances of service users in the home with the administration team, and selected three service users' records for further examination.</p> <p>On examining the sample of three service users' records, the inspector noted that the agreements in place with the service user detailed the correct fee payable in respect of the individual service users. The inspector noted, however, that the agreement being used as template for all service users did not fully reflect the requirements of Regulation 5 of the Nursing Homes Regulations (NI) 2005 or DHSSPS Nursing Homes Minimum Standard 4.2. Specifically, the inspector noted that the agreement did not reflect the following:</p> <ul style="list-style-type: none"> -the persons by whom each element of the fee (where relevant) would be paid and which method would be used by each party - the duration of the service user's stay - a copy of the home's complaints procedure (as outlined within the home's service user guide) - the arrangements for any financial transactions undertaken on behalf of the service user by the home and the records to be kept - the arrangements for the management of the service user's valuables and - an itemised list of agreed services and facilities over and above the general service and facilities (such as hairdressing, podiatry and their associated costs) <p>Requirement 1 is listed in the Quality Improvement Plan (QIP) in respect of this finding.</p> <p>A review of the records held established that the home had previously notified service users/their representatives of any increase in the fee or variation in the method of payment or person(s) by whom the fees are payable.</p> <p>The inspector was provided with a copy of the home's "finance" policy. The inspector noted that the document detailed that the policy was due for review in March 2014.</p> <p>Recommendation 1 is listed in the QIP in respect of this finding.</p>	<p>Moving towards compliance</p>

PROVIDER'S OVERALL ASSESSMENT OF THE HOME'S COMPLIANCE LEVEL AGAINST THE AREA ASSESSED	COMPLIANCE LEVEL
	Compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE HOME'S COMPLIANCE LEVEL AGAINST THE AREA ASSESSED	COMPLIANCE LEVEL
	Moving towards compliance

Statement 2

Arrangements for receiving and spending service users' monies on their behalf are transparent, have been authorised and the appropriate records are maintained:

Criteria Assessed:

- The HSC trust's assessment of need describes the individual needs and capabilities of the service user and the appropriate level of support which the home should provide in supporting the service user to manage their finances;
- The home maintains a record of the amounts paid by/in respect of each service user for all agreed itemised services and facilities, as specified in the service user's agreement;
- The home maintains a record of all allowances/ income received on behalf of the service user and of the distribution of this money to the service user/their representative. Each transaction is signed and dated by the service user/their representative and a member of staff. If a service user/their representative are unable to sign or choose not to sign for receipt of the money, two members of staff witness the handover of the money and sign and date the record;
- Where items or services are purchased on behalf of service users, written authorisation is place from the service user/their representative to spend the service user's money on identified items or services;
- There are contingency arrangements in place to ensure that the home can respond to the requests of service users for access to their money and property at short notice e.g.: to purchase goods or services not detailed on their personal expenditure authorisation document(s);
- The home ensures that records and receipts of all transactions undertaken by the staff on each service user's behalf; are maintained and kept up-to-date;
- A reconciliation of the money/possessions held by the home on behalf of service users is carried out, evidenced and recorded, at least quarterly;
- If a person associated with the home acts as nominated appointee for a service user, the arrangements

COMPLIANCE LEVEL

<p>for this are discussed and agreed in writing with the service user/ their representative, and if involved, the representative from the referring Trust. These arrangements are noted in the service user's agreement and a record is kept of the name of the nominated appointee, the service user on whose behalf they act and the date they were approved by the Social Security Home to act as nominated appointee;</p> <ul style="list-style-type: none"> • If a member of staff acts as an agent, a record is kept of the name of the member of staff, the date they acted in this capacity and the service user on whose behalf they act as agent; • If the home operates a bank account on behalf of a service user, written authorisation from the service user/their representative/The Office of Care and Protection is in place to open and operate the bank account, • Where there is evidence of a service user becoming incapable of managing their finances and property, the registered person reports the matter in writing to the local or referring Trust, without delay; • If a service user has been formally assessed as incapable of managing their finances and property, the amount of money or valuables held by the home on behalf of the service user is reported in writing by the registered manager to the referring Trust at least annually, or as specified in the service user's agreement. 	
Provider's Self-Assessment:	
<p>Records are maintained of the trust assessment of need describing the individuals needs and capabilities and the appropriate level of support which should be provided by the Nursing Home. The home maintains a record of amounts paid in for Hairdressing which is the only allowance kept on the premises. Up to date records and receipts are kept and reconciliation of monies held by the home is carried out weekly and evidenced. No persons act as nominee appointees for the Service User within the Nursing Home.</p>	Substantially compliant
Inspection Findings:	
<p>A review of the records evidenced that copies of the HSC trust payment remittances are available confirming the weekly fee for each service user in the home and the amount to be contributed by each service user, where relevant. The inspector reviewed the records relating to amounts charged to two service users contributing to their fees and was satisfied that the correct amounts were being charged by the home. Discussion with the home's administrator and a review of the records evidenced that staff complete regular reconciliation of the amount received from the trust and from service users or their representatives against the home's own records of fees receivable.</p>	Moving towards compliance

The inspector noted that the home utilise a computerised accounts package to support the process of billing and reconciling fees receivable.

Discussions with the home's administrator and a review of the records established that no representative of the home was acting as nominated appointee for any service user on the day of inspection. The home does, however, receive monies from service users' representatives to be spent by the home on the service users' behalf.

Discussions with administrative staff revealed the home did not have any written authorisations in place on the day of inspection to detail how the service users/their representatives had provided authority for the home to purchase identified goods and services on behalf of the service user.

Requirement 2 is listed in the Quality Improvement Plan (QIP) in respect of this finding.

The inspector reviewed a sample of the records for expenditure incurred on behalf of service users such as that in respect of hairdressing services facilitated within the home. The inspector noted that the home maintain "record of patient's monies" detailing income and expenditure, together with other records to substantiate each transaction, such as copy receipt for cash lodged or hairdressers receipt for expenditure. The inspector traced a sample of transactions and was able to trace all of the relevant documents.

In reviewing the records for cash lodged in the home by service users' representatives for hairdressing services, the inspector noted a number of instances where cash receipts were not signed by two persons i.e.: by the person lodging the money and the person in the home receiving the money. The inspector noted that two signatures were required for any transaction involving service users' money or valuables.

Requirement 3 is listed in the Quality Improvement Plan (QIP) in respect of this finding.

The inspector reviewed the records which are maintained by administrative staff detailing the cost of hairdressing services incurred by service users. The inspector noted that a number of records inspected detailed the cost of treatment to the service user but did not detail the treatment which the service user had received. The inspector noted that the details were recorded to ensure that the cost to the service user was correct. The inspector also noted that the member of staff who signs the record should be someone who can verify that the service user has received the treatment recorded.

Requirement 4 is listed in the Quality Improvement Plan (QIP) in respect of this finding.

The inspector noted that the records for income and expenditure were kept up to date and that two signatures were recorded against each transaction. On reviewing samples of expenditure covering a period of more than one year, the inspector was unable to identify that any reconciliations had been carried out and recorded.

Requirement 5 is listed in the Quality Improvement Plan (QIP) in respect of this finding.

PROVIDER'S OVERALL ASSESSMENT OF THE HOME'S COMPLIANCE LEVEL AGAINST THE AREA ASSESSED	COMPLIANCE LEVEL
	Substantially compliant
INSPECTOR'S OVERALL ASSESSMENT OF THE HOME'S COMPLIANCE LEVEL AGAINST THE AREA ASSESSED	COMPLIANCE LEVEL
	Moving towards compliance

Statement 3

A safe place is provided within the home premises for the storage of money and valuables deposited for safekeeping; clear, up to date and accurate records are maintained:

Criterion Assessed:	COMPLIANCE LEVEL
<ul style="list-style-type: none"> ▪ The home provides an appropriate place for the storage of money and valuables deposited for safekeeping, robust controls exist around the persons who have access to the safe place; ▪ Where money and valuables are deposited by service users with the home for safekeeping and returned, a record is signed and dated by the service user/their representative, and the member of staff receiving or returning the possessions; ▪ Where a service user has assessed needs in respect of the safety and security of their property, there are individualised arrangements in place to safeguard the service user's property; ▪ Service users are aware of the safe storage of these items and have access to their individual financial records; ▪ Where service users experience restrictions in access to their money / valuables, this is reflected in the service user's HSC trust needs / risk assessment and care plan; ▪ A reconciliation of the money and valuables held for safekeeping by the home is carried out at regular intervals, but at least quarterly. Errors or deficits are handles in accordance with the home's SVA procedures. 	
Provider's Self-Assessment:	
<p>The Home does provide a locked appropriate place for the storage of monies and valuables deposited for safe keeping. Service users are aware of the safe storage of the above items and have access to individual records on request.</p>	<p>Substantially compliant</p>

Inspection Findings:	
<p>The inspector examined the safe place within the home and was satisfied with the controls around the physical location of the safe place and the persons with access.</p> <p>The inspector undertook a count of a random sample of the cash balances deposited for safekeeping for a number of service users and noted that these agreed to the records held by the home. As noted above, the inspector identified that there was no evidence of carrying out and recording reconciliations of the cash deposited for safekeeping.</p> <p>Requirement 5 is listed above in respect of this finding.</p> <p>The inspector noted that there were no non-cash items belonging to service users lodged for safekeeping on the day of inspection. The inspector enquired as to whether there was a safe book in place in order to record the deposit of non-cash items, should the need arise. The home's administrator advised the inspector that these items were normally recorded on a service user's inventory form on admission. The inspector noted, however that the need may arise to record the deposit of these items beyond the time of admission. The inspector noted that the home must ensure that a safe record is available in the home to record the lodgement of any non-cash valuables to the safe place in the home.</p> <p>Requirement 6 is listed in the QIP in respect of this finding.</p> <p>The inspector requested the inventory/property records for three service users. The inspector noted that a template to record inventory was in place in the home and had been used to record the items belonging to the service users selected.</p> <p>The inspector noted that the "finance" policy provided on the day of inspection did not address the recording of service users' inventory and the need to update this record over time. The inspector noted that the policy should be expanded to include the recording of service users' inventory and that the relevant staff should be made aware of the procedure to follow.</p> <p>Recommendation 1 is listed in the QIP in respect of this finding.</p>	<p>Substantially compliant</p>

PROVIDER'S OVERALL ASSESSMENT OF THE HOME'S COMPLIANCE LEVEL AGAINST THE AREA ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE HOME'S COMPLIANCE LEVEL AGAINST THE AREA ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

Statement 4

Arrangements for providing transport to service users are transparent and agreed in writing with the service user/their representative:

Criterion Assessed:

- The needs and resources of the individual service user are considered in conjunction with the HSC Trust assessment;
- The charges for transport provision for an individual service user are based on individual usage and are not based on a flat-rate charge;
- Service users have the opportunity to opt out of the transport scheme and the arrangements for opting out are detailed within the home's policies and procedures;
- Written agreement between the service user and the home is in place, detailing the terms and conditions of the transport scheme. The agreement includes the charges to be applied and the method and frequency of payments. The agreement is signed by the service user/ their representative/HSC trust where relevant and a representative of the service;
- Written policies and procedures are in place detailing the terms and conditions of the scheme and the records to be kept;
- Records are maintained of any agreements between individual service users in relation to the shared use of an individual's Motability vehicle;
- Where relevant, records are maintained of the amounts of benefits received on behalf of the service user (including the mobility element of Disability Living Allowance);
- Records detail the amount charged to the service user for individual use of the vehicle(s) and the remaining amount of Social Security benefits forwarded to the service user or their representative;
- Records are maintained of each journey undertaken by/on behalf of the service user. The record includes: the name of the person making the journey; the miles travelled; and the amount to be charged to the service user for each journey, including any amount in respect of staff supervision charges;

COMPLIANCE LEVEL

<ul style="list-style-type: none"> Where relevant, records are maintained of the annual running costs of any vehicle(s) used for the transport scheme; The home ensures that the vehicle(s) used for providing transport to service users, including private (staff) vehicles, meet the relevant legal requirements regarding insurance and road worthiness. Where the home facilitates service users to have access to a vehicle leased on the Motability scheme by a service user, the home ensures that the above legal documents are in place; Ownership details of any vehicles used by the home to provide transport services are clarified. 	
Provider's Self-Assessment:	
There is no transport facility within the Nursing Home, however individuals can arrange private transport and this is funded by the service user or Next of Kin direct to the transport provider.	Substantially compliant
Inspection Findings:	
At the time of inspection, the home did not provide a transport service to service user. The home has arrangements in place to support service users to avail of other means of transport.	Not applicable

PROVIDER'S OVERALL ASSESSMENT OF THE HOME'S COMPLIANCE LEVEL AGAINST THE AREA ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE HOME'S COMPLIANCE LEVEL AGAINST THE AREA ASSESSED	COMPLIANCE LEVEL
	Not applicable

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Karen Minnis as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Where the inspection resulted in no recommendations or requirements being made the provider/manager is asked to sign the appropriate page confirming they are assured about the factual accuracy of the content of the report.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

Briege Ferris
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT

QUALITY IMPROVEMENT PLAN

ANNOUNCED FINANCE INSPECTION

KINGS CASTLE

15 SEPTEMBER 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Karen Minnis either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

STATUTORY REQUIREMENTS

This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and the Nursing Homes Regulations (NI) 2005

NO	REGULATION REFERENCE	REQUIREMENTS	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	5 (1) (a) (b)	<p>The registered person must provide individual agreements to each service user currently accommodated in the home (or their representative) which detail the current fees and financial arrangements in place in respect to the individual service user.</p> <p>Individual service user agreements must comply with requirements under Regulation 5 of the Nursing Homes Regulations (Northern Ireland) 2005 and meets Standard 4.2 of the DHSSPS Minimum Standards for Nursing Homes 2008, which details the minimum components of the agreement.</p> <p>A copy of the signed agreement by the service user or their representative and the registered person must be retained in the service user's records. Where the service user or their representative is unable to, or chooses not to sign the agreement, this must be recorded. Where a HSC trust-managed service user does not have a family member or friend to act as their representative, the service user's individual agreement should be shared with the HSC trust care manager.</p>	Once	INDIVIDUAL AGREEMENTS HAVE BEEN UPDATED AND REQUIREMENTS HAVE BEEN PUT IN PLACE	27 October 2014

2	19 (2) Schedule 4 (3)	<p>The registered person must ensure that written authorisation is obtained from each service user or their representative to spend the personal monies of service users on pre-agreed expenditure. The written authorisation must be retained on the service user's records and updated as required.</p> <p>Where the service user or their representative is unable to, or chooses not to sign the agreement, this must be recorded. Where a HSC trust-managed service user does not have a family member or friend to act as their representative, the service user's personal monies authorisation must be shared with the HSC trust care manager.</p>	Once	<p>LETTER TO FAMILY</p> <p>ALL RESIDENTS/FAMILY MEMBERS WILL HAVE GIVEN WRITTEN CONSENT FOR US TO USE MONEY</p>	27 October 2014
3	19 (2) Schedule 4 (9)	The registered person must ensure that when the home provide a receipt recording cash being handed over to the home for safekeeping, the receipt is signed by the person lodging the cash and the person receiving the cash. Where it is not possible to secure the signature of the person lodging the money, two members of staff must sign the receipt.	Once	CASH IN-CASH OUT BOOK COMPLIANT	From the date of inspection
4	19 (2) Schedule 4 (9)	The registered person must ensure that the hairdressing receipts which are signed by both the hairdresser and a member of staff detail the treatment received by each service user.	Once	RECEIPTS SIGNED BY TWO MEMBERS OF STAFF AND DETAILS THE TREATMENT	From the date of inspection
5	19 (2) Schedule 4 (9)	The registered person must ensure that two representatives carry out and record a reconciliation of the money held on behalf of service users at least quarterly.	Once	WE AIM TO DO IT MONTHLY	From the date of inspection

6	19 (2) Schedule 4 (9)	The registered person is required to ensure that a safe record is available in the home to record the lodgement of any non-cash valuables to the safe place in the home. Should any non-cash items be lodged in future, the safe record must reflect the date items were deposited and should be signed by two persons. Where items are returned to the service user or their representative, the record should be updated with the date the item(s) were returned and include two signatures to verify the return of the items. Two representatives must carry out and record a reconciliation of the items held on behalf of service users at least quarterly.	Once	FOLDER-STAFF DOCUMENT WHAT IS BEING STORED TO BE SIGNED BY STAFF AND FAMILY MEMBER OR 2X STAFF SECURE PLACE-LOCKABLE BED SIDE LOCKERS, KEYS KEPT IN OFFICE	6 October 2014
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RECOMMENDATIONS

These recommendations are based on Nursing Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

NO	MINIMUM STANDARD REFERENCE	RECOMMENDATIONS	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	25.16	As the "finance" policy provided to the inspector was due for review in March 2014, it is recommended that the registered person arrange to update the "finance" policy before the timescale listed in this QIP. The updated policy must include the procedures for recording service user possessions, which should emphasise the importance of updating service users' inventory on a regular basis and obtaining the signatures of two people. The updated policy should also address controls in place in the home to record the receipt of money outside of office hours. The relevant staff members should be made aware of the contents of the updated policy and procedure.	Once	FIANANCE POLICY UPDATE AND INCLUDES THE REQUIRED INFORMATION.	6 October 2014

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	JAMES MURPHY
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	GERALD WARD

QIP Position Based on Comments from Registered Persons				Inspector	Date
		Yes	No		
A.	Quality Improvement Plan response assessed by inspector as acceptable	✓			11/11/2014
B.	Further information requested from provider				